



EMPLOYMENT APPLICATION

Today's Date _____

Print Name in full: **Last name,** **First name** **M.I.**

Position you are applying for (Must be specific. "ANY" is not acceptable) _____

PLEASE READ BEFORE COMPLETING THE APPLICATION - This application must be completed in full. We ask that you please print or type and complete all items. **Incomplete Or Unsigned Applications Will Not Be Processed.** Applications/resumes containing information that has not been requested will be automatically rejected.

Applicants with disabilities may contact the Human Resources Department to request the accommodation needed to enable them to complete this application. Due to the volume of applications received, only those applicants selected for an interview will be contacted. The City of Deltona is an equal opportunity employer and will not discriminate, or tolerate discrimination, against any employee or applicant in any manner prohibited by law.

- ❖ Personal Information: _____
Street Address _____ City _____ State _____ Zip _____
- ❖ Home Telephone No. () _____ Alternate () _____ Best time to call you _____
- ❖ May we contact you at work? ☐ YES ☐ NO If yes, work number () _____ Best time to call you _____
- ❖ Are you lawfully eligible to work in the United States? ☐ YES ☐ NO (Verification of eligibility will be confirmed upon employment)
- ❖ Are you at least 18 years of Age? ☐ YES ☐ NO Do you possess a valid Florida Driver's License? ☐ YES ☐ NO
☐ Operator ☐ CDL / Class _____
- ❖ Is your driver's license currently restricted, suspended, or expired? ☐ YES ☐ NO *If yes, Please explain:* _____
- ❖ Have you pleaded *nolo contendere* (no contest) to, participated in a pre-trial diversion, had an adjudication withheld, or been convicted of a first degree misdemeanor or a felony? ☐ YES ☐ NO
If yes, you must provide a full explanation on a separate sheet of paper. Conviction of a crime alone typically will not disqualify you from being considered for employment. Factors taken into consideration include nature of infraction, remoteness in time & rehabilitation.
- ❖ Have you ever been employed by the City of Deltona? ☐ YES ☐ NO *If yes, when and in what position?* _____
- ❖ Does the City of Deltona employ any relative (by blood or marriage) or cohabitant of yours? ☐ YES ☐ NO *If yes: provide name, relationship and department where they work.*
Name _____ Relationship _____ Dept. where employed _____
Name _____ Relationship _____ Dept. where employed _____
- ❖ Referral Source: (please circle as applicable) 1. City's Website 2. DBCC 3. Internet 4. Job Posting
5. Public Library 6. News Journal 7. Newspaper 8. One Stop Career Center 9. Orlando Sentinel 10. Pennysaver
11. Walk-In 12. Word of Mouth 13. Other: Name of Source: _____
- ❖ Type of Employment Sought: ☐ Full Time ☐ Part Time ☐ Temporary

If you wish to mail this application send the complete application package to: City of Deltona Municipal Complex
• Attn: Human Resources Dept. • 2345 Providence Boulevard, Deltona FL 32725

❖ Have you ever been a member of the United States Armed Services? ☐ YES ☐ NO If yes, Entry Date: _____

Discharge Date: _____ Branch: _____

❖ Are you currently a member of any branch of the military or Naval Reserves? ☐ YES ☐ NO

❖ Do you wish to assert Veterans' Preference? ☐ YES ☐ NO **NOTE:** You must submit your DD-214 and complete the Application for Veterans' Preference enclosed in this application in order to be given Veterans' Preference consideration.

❖ **Education:** Circle highest grade completed - **Grade School:** 1 2 3 4 5 6 7 8 **HS:** 1 2 3 4 **College:** 1 2 3 4 **Graduate:** 1 2 3 4

Name of School	Location	Major	Degree
High School			
College			
Graduate School			
Vocational School			
Other Training			

❖ Are you currently in pursuit of a degree? ☐ YES ☐ NO If yes, provide course of study and number of credits earned:

❖ **Specialized Skills:** List any pertinent skills or knowledge that you may have for example, computer, computer software, office machines you can operate; machinery/heavy equipment you can or have operated; professional or occupational licenses you hold (i.e. building inspector, CDL w. A endorsement, etc.); mechanical, electrical, construction tools/equipment). **Be specific please.**

Office Machines:
Computer/ Computer Software:
Machinery/Heavy Equipment:
Professional / Occupational License:

❖ **Work History:** List **ALL** employment & volunteer experience, including temporary & part-time, for the past ten (10) years. **Begin with present or most recent employer.** Provide **ALL** information requested. Account for all periods of time, including unemployment and service in the Armed Forces. Include types of equipment operated. If you were employed under a different name, please enter that name in the left hand margin of the application.

❖ May we contact your current employer? ☐ YES ☐ NO If no, when may we contact? _____

Current or Last Employer:		Dates Employed:	
		From:	To:
Address (Number & Street)	Phone Number (inc. area code)	Supervisor's Name	
	()		
City/ State/Zip Code	<u>Your</u> Job Title		
Reason For Leaving	Hours Worked Per Week:		
Describe the work you do, or did, in some detail		Salary:	
		\$ _____ Per: _____	

WORK HISTORY CONTINUED

Previous Employer		Dates Employed:	
Address (Number & Street)		From: _____ To: _____	
Phone Number (inc. area code) _____ ()		Supervisor's Name	
City/ State/Zip Code		<u>Your</u> Job Title	
Reason For Leaving			Hours Worked Per Week:
Duties: _____ _____ _____			Salary: \$ _____ Per: _____

Previous Employer		Dates Employed:	
Address (Number & Street)		From: _____ To: _____	
Phone Number (inc. area code) _____ ()		Supervisor's Name	
City/ State/Zip Code		<u>Your</u> Job Title	
Reason For Leaving			Hours Worked Per Week:
Duties: _____ _____ _____			Salary: \$ _____ Per: _____

Previous Employer		Dates Employed:	
Address (Number & Street)		From: _____ To: _____	
Phone Number (inc. area code) _____ ()		Supervisor's Name	
City/ State/Zip Code		<u>Your</u> Job Title	
Reason For Leaving			Hours Worked Per Week:
Duties: _____ _____ _____			Salary: \$ _____ Per: _____

Have you provided employment information covering the past 10 years as required? If not, please attach sheets of the same size as the application if you need to supply more information regarding previous employers.

❖ **References:** List three (3) persons **NOT RELATED** to you who have knowledge of your character. Do not list former Employers.

Name and Occupation	Full Address	Telephone Number (must inc. area code)
1. _____	_____	(_____) _____
2. _____	_____	(_____) _____
3. _____	_____	(_____) _____

Thank you for completing this application form and for your interest in employment with us. The City of Deltona is an equal opportunity employer and does not discriminate on the basis of race, color, religion, age, gender, national origin, legally recognized disability, or marital status.

Pursuant to Chapter 119, Florida Statutes - Public Records Law, personnel records and job applications, except for certain items specifically exempted from the Public Records Law, are open for inspection by any person.

Your application for employment remains active in the Human Resources Department for a total of six (6) months from the date of completion or receipt, if mailed to us. If, after submitting this application, another position becomes available and you are interested in being considered for that position, you must contact the Human Resources Department personally or in writing to update your application.

Applicant's Certification and Agreement - Please Read Carefully Before Signing

Statement of Application: I understand and acknowledge that previous employers will be contacted for references. I hereby authorize former employers to furnish any and all records of my service with them. I also release my former employers from any liability for any damage in providing this information. I also authorize educational institutions to furnish any records of education-related information they may have concerning me.

Status: I understand that positions regarded as part-time and/or temporary are paid for actual hours worked and are not entitled to benefits offered to full time positions, with the exception of FICA and Worker's Compensation.

Probation Period: I understand that if hired, my position with the City of Deltona is temporary during the established initial probationary period. My employment may be ended before the expiration of that period for any reason, without recourse.

Physical Examination/Drug/Alcohol Testing: I am aware that the City of Deltona is a "Drug-free Workplace". I understand that I may be required to take and pass a physical examination after an offer of employment is made and employment is contingent on the results of that examination in accordance with the Americans With Disabilities Act (ADA). I also understand that the post-offer physical examination may include a drug and alcohol screening test. I understand that prior to receiving an offer of employment, and as part of the post-offer physical, I will receive a copy of the City's Drug-free Workplace Program. Any illegal or controlled substance that shows in my test results will cause my immediate disqualification for employment with the City of Deltona.

Certification: I understand that this application must be completed in full. Incomplete applications may be rejected. I agree that any false or misleading information provided by me will be cause for canceling the application process. If hired by the City of Deltona, after my hire date, it may cause my dismissal from City service. I have answered all the questions on this form completely and truthfully. I certify that the facts set forth in this employment application are true and complete to the best of my knowledge. If hired, I agree to accept conditions of employment and abide by rules, procedures and policies of the City of Deltona.

Please **Print** Your Name

Your signature (**required**)

Date signed

Print Name:

Date:

**City of Deltona
Veterans' Preference Form**

Human Resources Department
2345 Providence Blvd, Deltona, FL 32725
(386) 878-8100 Phone (386) 878-8751 Fax

Human Resources Date
Stamp:

Complete ONLY if you are claiming Veterans' Preference.

Instructions: Complete this form if you are claiming *Veterans' Preference*. You must complete both pages of this form and ensure to attach it to your application along with required documentation prior to submission.

Overview: Chapter 295, Florida Statutes, sets forth certain requirements for public employers to accord preferences, in appointment, retention, and promotion, to certain veterans. The relevant portions of the law apply to "the state and its political subdivisions." Public utilities, state universities, school districts, and special taxing districts are subject to Chapter 295.

Check the box below to indicate the type of preference you are claiming. Answer all questions associated with that box and provide the listed documentation. Section 295.07, Florida Statutes, extends *Veterans' Preference* to:

- ☐ A veteran with a compensable service-connected disability who is eligible for or receiving compensation, disability retirement or pension under public laws administered by the U.S. Department of Veterans Affairs and the Department of Defense.
- A veteran with a compensable service-connected disability shall furnish a Department of Defense document, commonly known as form DD-214 (Member 4 Copy recommended) or military discharge papers, or equivalent certification from the DVA, listing military status, dates of service and discharge type. In addition, the disabled veteran shall also furnish a document from the Department of Defense, the DVA, or the Department certifying that the veteran has a service-connected disability.
- ☐ The spouse of a veteran who cannot qualify for employment because of a total and permanent disability, or the spouse of a veteran missing in action, captured, or forcibly detained by a foreign power.
- Are you presently married to the veteran? ☐ Yes ☐ No
- If No, have you remarried? Do not count marriages that were annulled. ☐ Yes ☐ No
- Spouses of disabled veterans shall furnish a Department of Defense document, commonly known as form DD-214 (Member 4 Copy recommended) or military discharge papers, or equivalent certification from the DVA, listing the spouse's military status, dates of service and discharge type. In addition, spouses of disabled veterans shall also furnish either a certification from the Department of Defense or the VA that the veteran is totally and permanently disabled or an identification card issued by the Department; spouses shall also furnish evidence of marriage to the veteran and a *statement that the spouse is still married to the veteran at the time of the application for employment; the spouse shall also submit proof that the disabled veteran cannot qualify for employment because of the service-connected disability.
 - Spouses of persons on active duty shall furnish a document from the Department of Defense or the DVA certifying that the person on active duty is listed as missing in action, captured in line of duty, or forcibly detained or interned in line of duty by a foreign government or power; such spouses shall also furnish evidence of marriage and *a statement that the spouse is married to the person on active duty at the time of that application for employment.

** Signing this form will serve as statement that you are still married to the veteran at the time of this application.*

- ☐ Veteran of any war, who has served at least one day during that war time period as defined in subsection 1.01 (14) or who has been awarded a campaign or expeditionary medal. Active duty for training shall not be allowed for eligibility under this paragraph.
- A veteran of any war who has served on active duty for one day or more during a wartime period shall furnish a Department of Defense document, commonly known as form DD-214 (Member 4 Copy recommended) or military discharge papers, or equivalent certification from the DVA, listing military status, dates of service and discharge type.
- ☐ The unmarried widow or widower of a veteran who died of a service-connected disability.
- Were you married to the veteran when he or she died? ☐ Yes ☐ No
- Have you remarried since the veteran's death? Do not count marriages that were annulled. ☐ Yes ☐ No
- The unmarried widow or widower of a deceased veteran shall furnish a document from the Department of Defense or the DVA certifying the service-connected death of the veteran, and shall further furnish evidence of marriage and *a statement that the spouse is not remarried.

**Signing this form will serve as statement that you (the spouse) is not remarried at the time of this application.*

- ☐ The mother, father, legal guardian, or un-remarried widow or widower of a service member who died as a result of military service under combat-related conditions as verified by the U.S. Department of Defense.
- The mother, father, legal guardian, or un-remarried widow or widower of a deceased Veteran shall furnish a document from the Department of Defense showing the death of service member while on duty status under combat-related conditions or the DVA certifying the service-connected death of the Veteran, and shall further furnish evidence of marriage. The legal guardian shall show the proper court documents establishing the legal authority for the Guardian.
- ☐ A Veteran as defined in section 1.01m (14) Florida Statutes. "Active Duty for Training" may not be allowed under this paragraph. The term "veteran" is defined as a person who served in the active military, naval, or air service and who was discharged or released therefrom under honorable conditions only or who later received an upgraded discharge under honorable conditions.
- A veteran as defined in section 1.01m (14) Florida Statutes shall furnish a Department of Defense document, commonly known as form DD-214 (Member 4 Copy recommended) or military discharge papers, or equivalent certification from the DVA, listing military status, dates of service and discharge type.
- ☐ A current member of any reserve component of the U.S. Armed Forces or the Florida National Guard.
- Current reserve members and National Guard members provide a letter from their Commanding Officer or military human resources department stating the dates of their military service to establish that they are currently active.

Please check the appropriate statement as it applies to you. Section 295.07, Florida Statutes, extends *Veterans' Preference* to:

- ☐ Operation New Dawn: September 1, 2010 to Present
- ☐ Operation Iraqi Freedom: March 19, 2003 to Present
- ☐ Operation Enduring Freedom: October 7, 2001 to Present
- ☐ Persian Gulf: August 2, 1990 to January 2, 1992
- ☐ Vietnam Era: February 28, 1961 to May 7, 1975
- ☐ Korean Conflict: June 27, 1950 to January 31, 1955
- ☐ World War II: December 7, 1941 to December 31, 1946
- ☐ A veteran who has served in a Campaign or Expedition for which a qualifying Campaign Badge has been authorized, including: Armed Forces Expeditionary Medal or the Global War on Terrorism Expeditionary Medal.

☐ YES ☐ NO I am claiming *Veterans' Preference* (Attach DD 214 form or equivalent)

☐ YES ☐ NO I have a compensable service connected disability (attach proof at time of application).

Documentation you are submitting for consideration for *Veterans' Preference*:

Branch of Service

Type of Discharge/Character of Service

Date of Entry

Date of Discharge

I _____ am claiming *Veterans' Preference* and certify that I am eligible to do so.
(Print Name)

I certify that all information provided is true, complete and correct to the best of my knowledge and belief, and is made in good faith.

Signature: _____ Date: _____

Note: Submission of this form and accompanied documentation does not constitute automatic eligibility for *Veterans' Preference*. Eligibility for *Veterans' Preference* is subject to verification of information, documentation provided, and if applicant meets the minimum qualifications for the position. If an applicant is claiming veterans' preference for a vacant position and is not selected, he/she may file a complaint with the Florida Department of Veterans' Affairs, 9500 Bay Pines Blvd. St. Petersburg, Florida 33744. A complaint must be filed within twenty-one days of the applicant receiving notice of the hiring decision made by the employing agency or within three months of the date the application is filed with the employer if no notice is given.

SURVEY

PLEASE NOTE: This information will be maintained separately from your application and will not be considered in the application evaluation process.

The City of Deltona is required by the Equal Employment Opportunity Commission of the United States to collect and maintain the information requested below for EEO statistical reporting purposes.

Qualified applicants are considered for City of Deltona positions, and employees are treated during their employment without regard to race, color, religion, sex, national origin, age, marital or veteran status, medical condition or handicap.

Please print when completing this form. Thank you.

• Your Name: _____ Today's Date: _____

• Position applied for: _____

• How did you learn about this vacancy? (please circle as applicable)

- | | | | | |
|-------------------|-------------------|----------------------------------|---------------------|-------------------|
| 1. City's Website | 2. DBCC | 3. Internet | 4. Job Posting | 5. Public Library |
| 6. News Journal | 7. Newspaper | 8. One Stop Career Center | 9. Orlando Sentinel | 10. Pennysaver |
| 11. Walk-In | 12. Word of Mouth | 13. Other: Name of Source: _____ | | |

• Date of birth: ____ / ____ / ____
Month Day Year

• Marital Status: ☐ Single ☐ Married ☐ Divorced ☐ Widowed

• Sex: ☐ Female ☐ Male

• Handicapped/Disabled: ☐ Yes ☐ No

• **RACIAL/ETHNIC DATA (CHECK ONE)**

- | | | | |
|----|--------------------------|-----------------------------------|--|
| 1. | <input type="checkbox"/> | WHITE | (Not of Hispanic origin): All persons having origins in any of the original peoples of Europe, North Africa, or the Middle East. |
| 2. | <input type="checkbox"/> | BLACK | (Not of Hispanic origin): All persons having origins in any of the Black racial groups of Africa |
| 3. | <input type="checkbox"/> | HISPANIC | All persons of Mexican, Puerto Rican, Cuban, Central or South American, other Spanish culture or origin regardless of race. |
| 4. | <input type="checkbox"/> | ASIAN OR PACIFIC ISLANDER | All persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands. This area includes, for example China, India, Japan, Korea, the Philippine Islands, and Samoa. |
| 5. | <input type="checkbox"/> | AMERICAN INDIAN OR ALASKAN NATIVE | All persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition. |